



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

JUNE 16, 2021

Agenda

1. Welcome and Introductions
2. Consent Agenda
 - a. Minutes from April 2021 meeting

Agenda

3. Child Health and Safety
 - a) Mark Fairchild, Covering Kids and Families
CHIP 90-Day Waiting Period Recommendation

Children's Health Insurance in Indiana

ISSUE ANALYSIS AND RECOMMENDATIONS

FROM THE CHILD HEALTH AND SAFETY TASK FORCE -
SUBCOMMITTEE ON CHILDREN'S HEALTH COVERAGE

PRESENTATION TO THE COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

Uninsured Children in Indiana

- ▶ The national rate for uninsured children had experienced positive trends, dropping to **4.7%** in 2016. Unfortunately, this trend ended and climbed to **5.7%** in 2019.
- ▶ Indiana has also experienced this trend, moving from an all-time low of **5.7%** uninsured in 2016 to **7.1%** uninsured in 2019.
- ▶ This represents approximately **20,000 more** uninsured children for a total of **119,000 uninsured Hoosier children in 2019**.

Note: Pre-COVID information is presented above, COVID data is unique and under review.

Data Source: American Community Survey 1-year estimates, 2016-2019.

Retrieved from <https://data.census.gov/>

Implications for Uninsured Children

- ▶ Reduced access to ongoing medical care.
- ▶ Reduced access to preventative care, such as developmental screenings and childhood vaccinations.
- ▶ Reduced opportunities for parents to learn tools for maintaining the health and well-being of their child.
- ▶ Reduced opportunities for the child to learn about healthy habits, influencing their health into adulthood.

Data Source: Indiana Youth Institute (2020) [Children's Health Insurance Coverage in Indiana](https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/).
Retrieved from <https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/>

Implications for Uninsured Children

- ▶ Medicaid Coverage for Children has been linked to:
 - ▶ Decreased reports of mental health problems
 - ▶ Decreased likelihood of developing eating disorders
 - ▶ Decreased likelihood of high-risk sexual behavior
 - ▶ Decreased smoking and alcohol use
 - ▶ Decreased likelihood of obesity, late-onset diabetes, high blood pressure and heart disease in adulthood.

Data Source: Indiana Youth Institute (2020) [Children's Health Insurance Coverage in Indiana](https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/). Retrieved from <https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/>

Related Indiana Agencies

- ▶ **Indiana Family and Social Services Administration**
 - ▶ Office of Medicaid Policy and Planning (OMPP)
- ▶ **Indiana Department of Health**
- ▶ **Indiana Department of Education**
- ▶ **Indiana Department of Child Services**
- ▶ **Indiana Department of Correction**
- ▶ **Indiana Department of Insurance**

Areas Explored by the Subcommittee

- ▶ Extension of postpartum Medicaid coverage
- ▶ Extension of program continuous eligibility
- ▶ Promotion of program enrollment assistance
- ▶ Retooling communication and outreach strategies
- ▶ Adjusting income thresholds for CHIP
- ▶ Adjusting premium amounts for CHIP
- ▶ Elimination of the CHIP 5-year wait for lawful immigrants
- ▶ Elimination of the CHIP 90-Day Rule

Action Requested

- ▶ We recommend that the Office of Medicaid Policy and Planning (OMPP) eliminate the 90-day waiting period of the CHIP program, pending a fiscal viability analysis by OMPP. Given the current workload of OMPP, it is also recommended that the implementation timeline be at the discretion of OMPP.
- ▶ This waiting period states that children who are voluntarily dropped from private coverage must wait 90-days before becoming eligible for CHIP coverage. Voluntary drops may often be due to unaffordable employer-sponsored insurance.
- ▶ As of April 2021, only 14 states had a waiting period. Of these, 11 have a 90-day waiting period, 1 state has a two-month waiting period, and 2 states have a one month waiting period. Since 2014, 22 states have opted to drop their waiting period.

Disparate Impact

- ▶ When coupled with other barriers commonly experienced by minority and low-income populations, system complexities and rules such as the 90-day waiting period are more likely to deter initial applications and reapplications.
- ▶ Gaps in coverage, especially with children, may result in missed opportunities for vaccinations, developmental screenings and early interventions, with those items becoming out of sync with recommendations, or even missed entirely.
- ▶ For groups likely to experience disparate health outcomes, eliminating potential gaps in coverage is key to maintaining continuity of access to and promoting use of healthcare resources.

CHIP 90-Day Rule Application Data

DENIAL REASON	2017	2018	2019	2020*
Child has creditable health insurance	4,142	4,515	4,020	1,544
Creditable insurance has been voluntarily dropped	22	28	12	2
Total of above	4,164	4,543	4,032	1,546

* The State suspended the 90-day waiting period starting in March 2020 for COVID-19 flexibilities.
Data Source: Indiana Office of Medicaid Policy and Planning (OMPP).

Action Requested - Code References

Indiana Code 12-17.6-4-4:

Powers of office; cost sharing and *crowd out* -

Sec. 4. The office may do the following:

- (2) **Determine waiting periods that may not exceed three (3) months and exceptions to the requirement of waiting periods for potential enrollees in the program.**

Indiana Administrative Code 405 IAC 12-2-4:

Waiting periods for certain members -

- (a) Except as provided in subsection (b), **an individual who was covered under a group health plan or under health insurance coverage as such terms are defined in 42 U.S.C. §300gg-91 is ineligible for CHIP for three (3) months from the effective date of termination of that coverage.**

Closing Comments

- ▶ This recommendation was crafted with the direct involvement of the Office of Medicaid Policy and Planning - Children's Health Insurance Program.
- ▶ We respectfully request that the Commission on Improving the Status of Children endorse this recommendation.
- ▶ We hope that the Commission on Improving the Status of Children values this as a small but impactful first step in examining and addressing systemic barriers to children's health coverage in Indiana and improving coverage rates.

**Presented on behalf of the Child Health and Safety Task Force by:
Mark Fairchild, MSW, LSW – mfairchild@ckfindiana.org – 317.508.9317**

Agenda

3. Child Health and Safety

- b) Dr. Susana Mariscal, Indiana University, and Dr. Bryan Victor, Wayne State University
Strengthening Indiana Families



**STRENGTHENING
INDIANA FAMILIES**

Commission on Improving the Status of Children in Indiana

June 16, 2021

Susana Mariscal, PhD, MSW — IUSSW, Associate Professor,
Strengthening Indiana Families (SIF) Project Director

Bryan Victor, PhD, MSW — IUSSW, Associate Professor, SIF
Project Evaluator



STRENGTHENING INDIANA FAMILIES

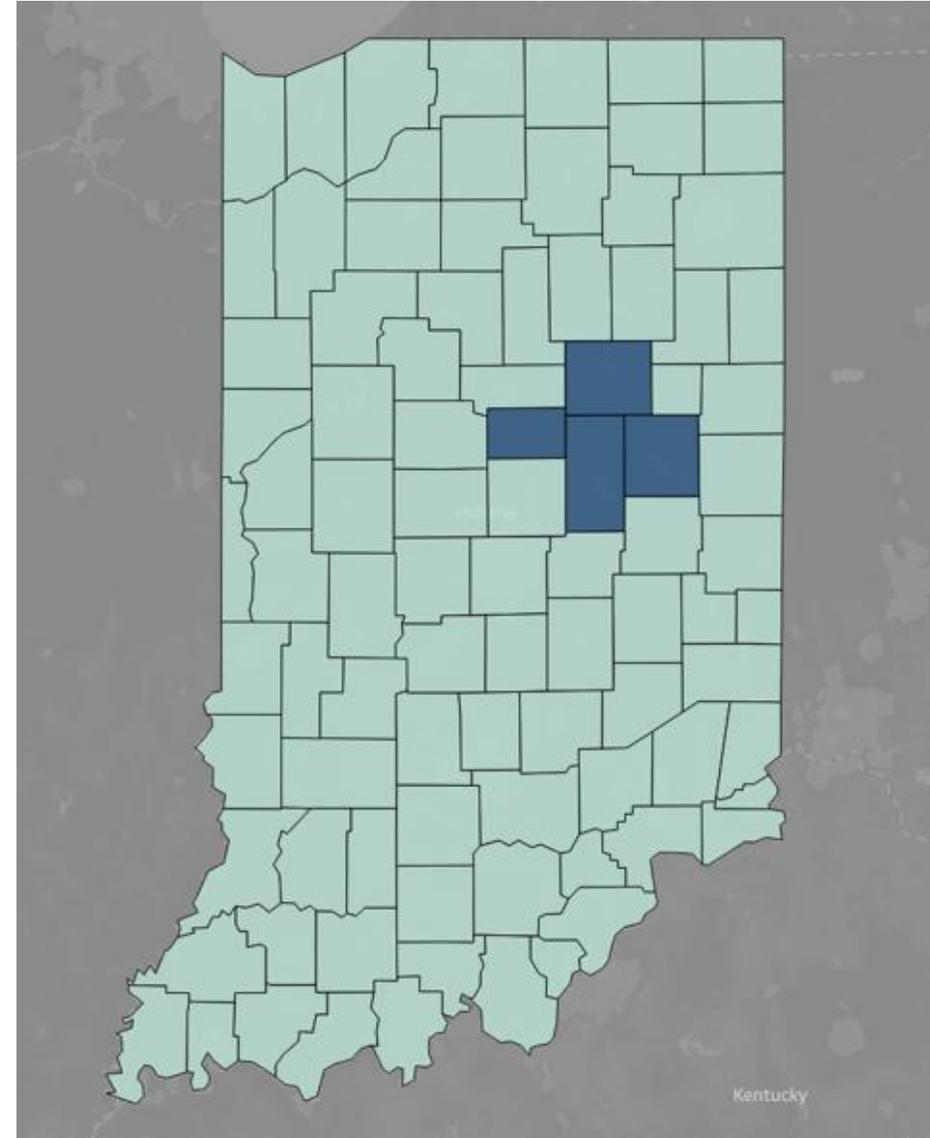
Five-year grant: FFY 2019-2024
Funding: \$2.74M

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STRENGTHENING INDIANA FAMILIES

Central Indiana: Delaware, Grant, Madison and Tipton Counties.



Partnerships



Partnerships



Partnerships



Commission on
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Indiana University Health





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Riley Hospital for Children
Indiana University Health



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Children's Bureau, Inc.
Preserving families and protecting the future of Indiana's children



INDIANA UNIVERSITY SCHOOL OF SOCIAL WORK



Commission on Improving the Status of Children in Indiana

Indiana University Health



REAL COMMUNITY COVENANT CHURCH





STRENGTHENING INDIANA FAMILIES

Vision: Strong and caring communities throughout Indiana where families have equitable access to the resources they need to be connected and safe.

Mission: Working together, the Strengthening Indiana Families steering committee coordinates the development, implementation, and evaluation of four family resource centers in Indiana. Intended as a proof-of-concept for primary prevention of child maltreatment, our family resource centers and associated services provide a comprehensive set of supports for Indiana families designed to improve parent and child well-being in stigma-free environments.



STRENGTHENING INDIANA FAMILIES

Guiding Principles: *Relationship-first, values-oriented, strengths-based, family-driven (individualized & empowering), trauma-informed, culturally responsive, equity and social justice-oriented, developmentally appropriateness, prevention-focused, outcomes-informed, evidence-driven, community-based, collaboration-based*

Cornerstone Values:

Respect, dignity, courage, care, connection, equity and social justice, and collaboration

Protective Factors

**NURTURING AND
ATTACHMENT**



**PARENTAL
RESILIENCE**



**SOCIAL
CONNECTIONS**



**CONCRETE SUPPORT
IN TIMES OF NEED**

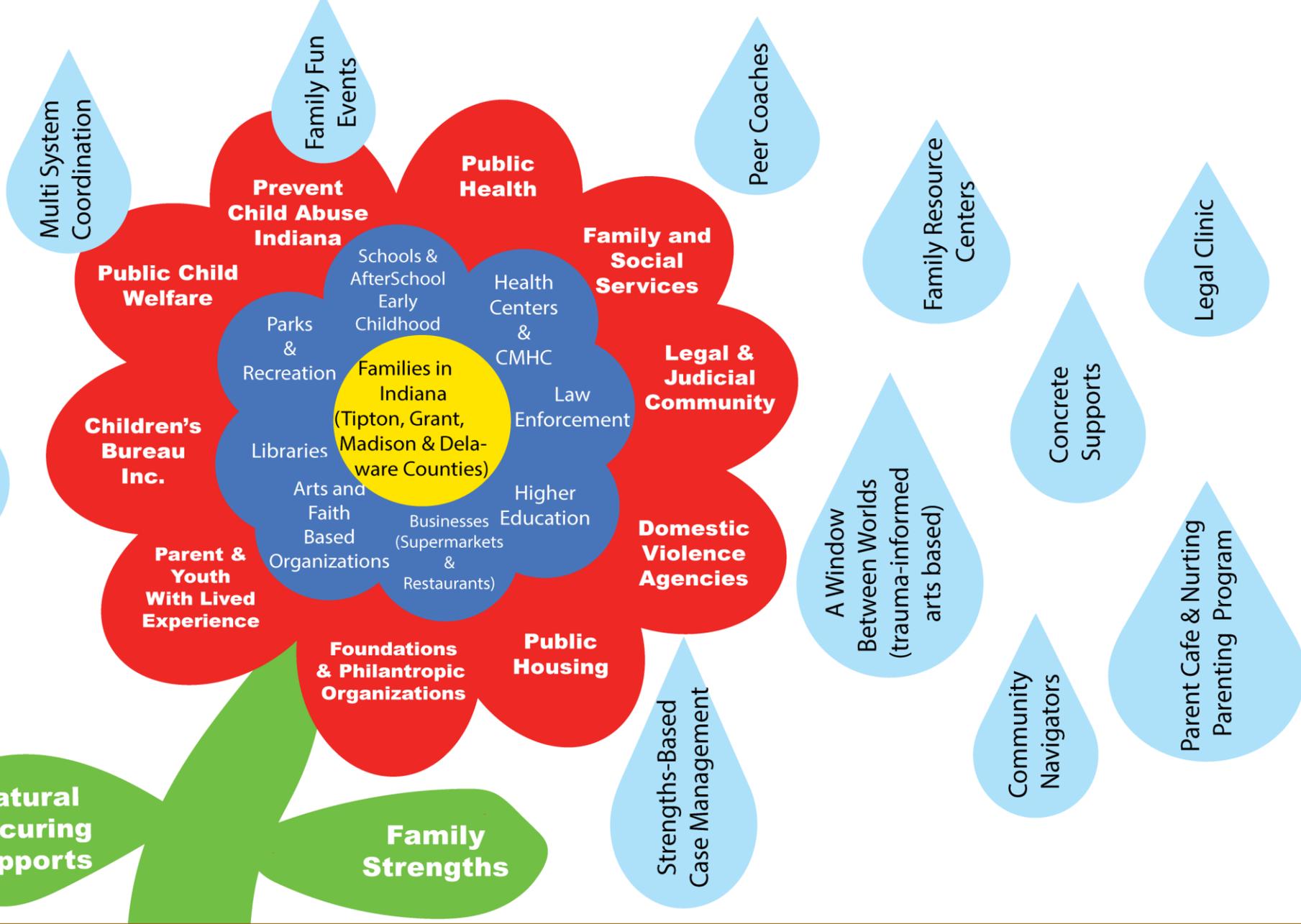


**KNOWLEDGE OF PARENTING
AND CHILD DEVELOPMENT**



**SOCIAL AND EMOTIONAL
COMPETENCE**







Key Implementation Achievements





STRENGTHENING INDIANA FAMILIES FAMILY RESOURCE CENTER

- **Susy's Store** includes free take and make meals, child safety items, baby items, and hygiene supplies
- **Connection** to resources/ information to meet family centered needs and goals, access to Wi-fi.
- **Kid's Korner** to keep kids busy and engaged
- **Service Co-location**







STRENGTHENING INDIANA FAMILIES FAMILY RESOURCE CENTER

- **Service Co-location:**

- Career Counseling
- Addictions and Recovery Programming: ABLBH support group, Peer Recovery Coaches Hub
- Child Creative Activities and Story Times
- Parent Cafés and Support
- Whole Person Health Workshops - Adult & Children
- Financial Literacy Adults, Teens, and Kids Career Counseling
- Counseling/ Therapy – Meridian Services

- **Evidenced-Based Curriculum**

- And more.....





STRENGTHENING INDIANA FAMILIES

Findings from the
Planning Phase

Overview



Where are families with children in foster care most likely to live within these counties?



What are the underlying causes for entry?



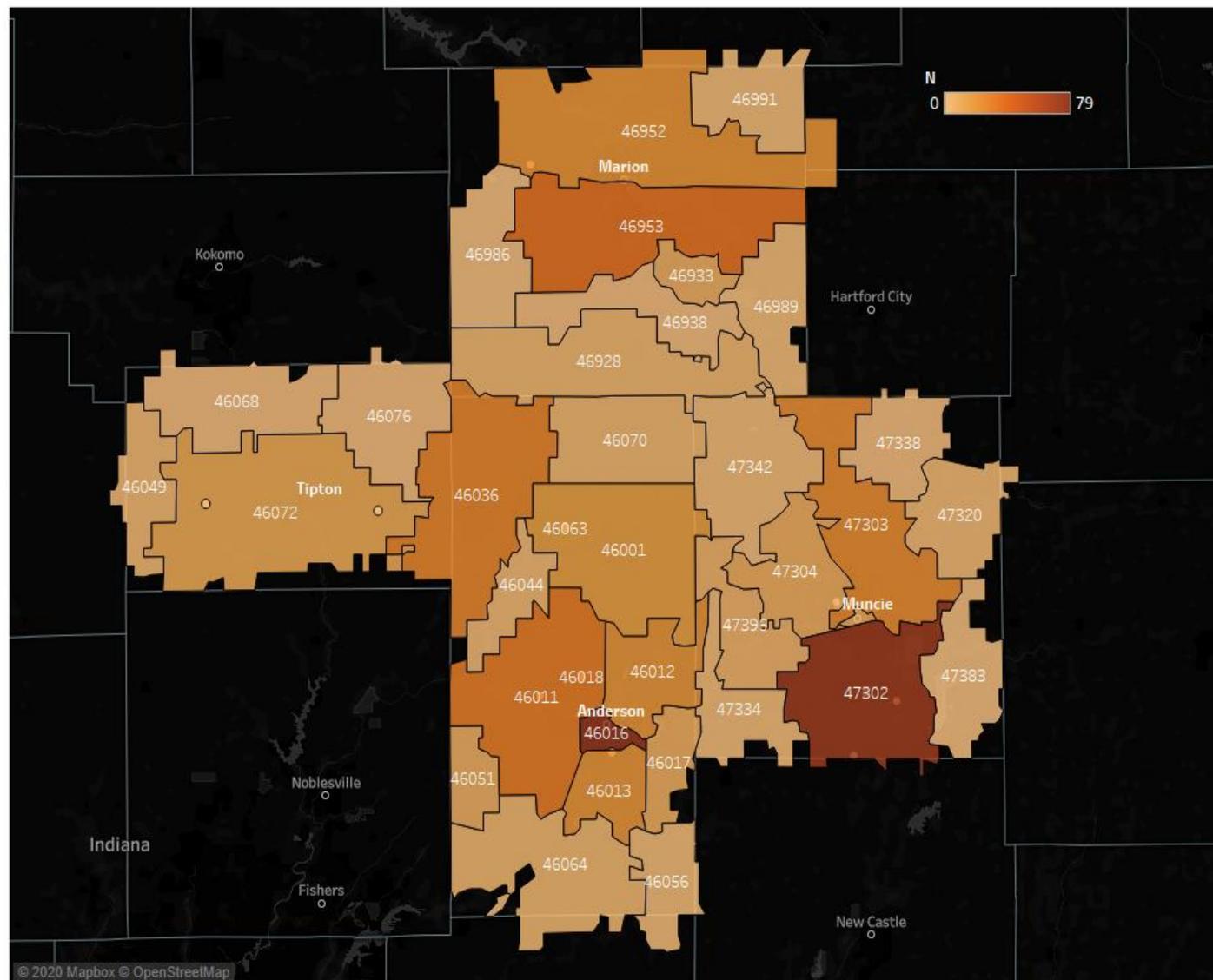
What barriers exist to receipt of effective services and supports?

Where are families with children in foster care most likely to live within these counties?



Where do families live?

Foster care entries, 2019



What are the underlying causes of foster care entry?



AFCARS reasons for entry to foster care, 2019

	Delaware	Grant	Madison	Tipton
Neglect	85%	93%	97%	97%
Parental drug use	54%	59%	52%	24%
Housing	23%	30%	28%	40%
Child behavioral problem	18%	19%	3%	27%
Parental incarceration	15%	18%	16%	36%
Parental inability to cope	8%	12%	4%	30%
Physical abuse	6%	9%	10%	7%
Child disability	5%	5%	0%	8%
Child's alcohol use	4%	11%	2%	12%
Child's drug use	3%	8%	1%	1%
Abandonment	3%	4%	4%	0%
Sexual abuse	2%	7%	6%	1%
Relinquishment	0%	3%	1%	0%
Parental death	0%	1%	0%	35%
Parental alcohol use	0%	1%	0%	2%



Underlying causes for entry: findings from interviews and focus groups

- Substance misuse
- Mental health
- Parent education
- Domestic violence
- Trauma
- Limited support networks



What barriers exist to receipt of effective services and supports?



Families are **unable to access** services and supports

- Needed services and supports not located in target communities
- Services are cost prohibitive
- Long waiting lists for services in target communities

Families are **unaware**
of available services and
supports

- Local service providers unaware of other community services and supports
- Lack of public awareness campaigns
- Difficulty of cross-system collaboration

Families **choose not to access** services and supports

- Stigma associated with receipt of services and supports
- Lack of trust between families and providers/fear of negative consequences
- Services offered at inconvenient locations

For more information, contact:

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Visit our website:

strengtheninginfamilies.org



**STRENGTHENING
INDIANA FAMILIES**

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46016 - [Follow us on Facebook!](#)

Agenda

4. Mental Health and Substance Abuse

- a) Maureen Greer, Indiana Perinatal Quality Improvement Collaborative, and Susan Elsworth, Indiana NOFAS
Children with Fetal Alcohol Spectrum Disorder



Indiana Perinatal Quality Improvement Collaborative (IPQIC)

Presentation to the Commission on Improving
the Status of Children

June 16, 2021



Actions to Date

PSU Hospital Collaborative: 70 hospitals conducting screening, cord tissue testing and treatment

Development of tool kit that incorporates a standardized, evidence-based approach to ongoing screening and referral

Educational opportunities for related staff

Cross agency activities to support efforts related to pregnant patients with substance use disorder and their newborns prenatally exposed to substances.

Fetal Alcohol Syndrome Disorder Workgroup

- Standard definition
- Uniform process for:
 - prenatal identification
 - neonatal identification
- Identification of appropriate resources to support providers
- Develop a tool kit that incorporates a standardized, evidence-based approach to ongoing screening and referral
- Develop recommendations for the Governing Council to address the needs of this population.

Barriers

- Lack of knowledge
- Inadequate screening pre & post delivery
- Missing or misdiagnosis
- Prevalence
- Funding
- Normalization of alcohol use

Services

- Appropriate & adaptive behavioral supports
- Informed mental health providers
- Equipped educators
- Informed community partners
- Opportunity for positive community engagement

Trajectory

Education

- IEPs & 504s
- Suspensions & Expulsions

Child Welfare

- Increased risk of entering
- Abuse &/or neglect
- Difficulty in placement

Trajectory

Mental Health Centers

- Exacerbating shortage of providers
- Increase stacking of disorders
- Increased risk of suicide

Substance Use

Justice Systems

Requested Action

Add to	Strategic Goal 2: Increase access to quality mental health and addiction services for children and their families
New Objective	Identify and encourage adoption of screening protocols and promising treatment options for children with substance and alcohol exposure.

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5. Authentic Youth Participation

Megan Tribble, Foster Success, and Justin Hayden, Indiana Youth Advisory Board

Agenda

6. Executive Director Updates

- Final Legislative Summary

- CSG Juvenile Justice Project Next Steps

- Summer Legal Intern

Agenda

7. Future Meeting Topics or Other Items
All Commission Members

Agenda

8. Next meeting: August 18, 10 a.m. – noon, Indiana State Library, History Reference Room